AUTHORIZATION FORM

NAME: _____   SOCIAL SECURITY: _____

ADDRESS: _____   APARTMENT: _____

CITY AND STATE: _____   ZIP CODE: _____

PHONE, HOME: _____   PHONE, WORK: _____

BIRTH DATE: _____   BIRTHPLACE: _____

I request assistance from the office of Congresswoman Mary Bono in the following federal matter:

(___)   Social Security / Medicare

_____
Social Security Number

(___)   Veterans Administration

_____
C#, CSS#, OR LHG #

(___)   Military

_____
Branch

(___)   Other federal agency

_____
Agency name

SUMMARIZE IN A FEW SENTENCES EXACTLY WHAT YOU WANT US TO DO FOR YOU. Please be specific. Attach a full description of your problem to this form.

_____

_____

_____

_____

_____

The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

SIGNATURE: _____   DATE: _____

If you want information from your file provided to ANY OTHER AGENCY DEEMED NECESSARY, you must authorize this by signing in the space provided below.

SIGNATURE: _____   DATE: _____

Please return this form to the closest location:

PALM SPRINGS OFFICE	HEMET OFFICE
707 E. Tahquitz Canyon Way Suite #9	1600 E. Florida Ave., Suite 301
Palm Springs, CA 92262	Hemet, CA 92544
Phone: (760) 320-1076; Fax: (760) 320-0596	Phone: (909) 658-2312; Fax: (909) 652-2562